

## **INSTRUCTOR II APPLICATION**

Michigan Department of Licensing & Regulatory Affairs Bureau of Fire Services, Fire Fighter Training Division P.O. Box 30700, Lansing, MI 48909

Email: <u>LARA-BFS-SMOKE@MICHIGAN.GOV</u>

Applicant Name:	SM	SMOKE PIN:	
Email Address:			
In advantage II		V	NI.
Instructor II		Yes	No
Are you a member or have been a member of an organized Michiga department for seven (7) or more years?	an fire/public safety		
If you have left the fire/public safety department, is it less than five ( separation date?	5) years since your		
Are you Firefighter II certified (or old 240 hour program)?			
Are you a Michigan certified Fire Instructor I?			
Have you successfully completed the Fire Instructor II Course or Fir Reciprocity?	e Instructor II Course		
Do you have at least 160 hours of experience instructing firefighting responder classes? (please provide documentation including cours			
I certify that I will comply with the policies and procedures governing fire training set forth by the Michigan Fire Fighters Training Council and the Bureau of Fire Services Fire Fighter Training Division as outlined in the Instructor Guide and Administrative Manual and Instructor I course objectives. I attest that I have not been convicted of a felony.			
Applicant Signature	Date		
Fire Chief Signature	Date		
This application along with attached documentation is to be emailed to: <u>LARA-BFS-SMOKE@michigan.gov</u>			
Questions may be directed to the appropriate Region Coordinator:			
Phone: (906) 399-4399 F	Robert L. Stokes Region 2 Coordinator Phone: (313) 573-7176 tokesr6@michigan.gov		